

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-675)

SERIAL NO.

10/043649

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4	1		1			
5	1		1			
6	1					
7		1				
8	1					
9	1					
10	1					
11	1					
12		1				
13		1				
14		1				
15		1				
16	1					
17				2		
18				1		
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50						
TOTAL IND.	9		3			
TOTAL DEP.	7		6			
TOTAL CLAIMS	16		9			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS